



Massachusetts Department of Public Health **Strategic Plan** 2014-2016



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Purpose of the Plan

This 2014-2016 Strategic Plan provides direction for prioritizing, aligning and maximizing the impact of programs and services provided by the Massachusetts Department of Public Health (MA DPH). This strategic plan incorporates the findings and recommendations of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP) as mandated by the Public Health Accreditation Board (PHAB), and builds on the success of the 2012-2014 Strategic Plan whose goals were to:

1. Support the success of health care reform by ensuring that public health is involved in promoting wellness and access to high quality care while reducing increases in health care costs.
2. Reduce health disparities by promoting health equity.
3. Promote wellness and reduce chronic disease.
4. Strengthen local and state public health systems to prevent disease and promote health.
5. Reduce youth violence.

This strategic plan is intended to be a living document that will be integrated with the Department's Performance Management and Quality Improvement processes, support and promote cross-bureau collaboration and synergy, and result in more effective and efficient public health systems and processes to improve health across the Commonwealth.

Vision, Mission and Values

The Vision of the Massachusetts Department of Public Health is:
Optimal Health and Well-Being for all people in Massachusetts, supported by a strong Public Health Infrastructure and Healthcare Delivery.

The Mission of the Massachusetts Department of Public Health is to:
Prevent illness, injury, and premature death;
Assure access to high quality public health and health care services;
Promote wellness and health equity for all people in the Commonwealth.

The Values/Guiding Principles of the Massachusetts Department of Public Health are:

1. Health is not merely the absence of disease or infirmity.
2. Health equity and multi-sector partnerships are prerequisites for achieving the objectives of health care reform and securing and sustaining population health.
3. Massachusetts is uniquely positioned to demonstrate the practicality and value of an integrated public health and health care system.
4. "Upstream solutions" (e.g., systems analysis and environmental changes at the community and regional levels) are required to achieve Health Reform objectives.
5. Continuous Quality Improvement is a path to public health performance excellence.
6. Evidence-based practices and promising innovations that provide the best opportunities for cost effective results should be integrated into Continuous Quality Improvement (CQI) activities.

Strengths and Opportunities

Our Strategic Plan capitalizes on the expertise of DPH staff, very strong partnerships, and our dedicated commitment to health equity and ensuring data-informed decision-making. An analysis of strengths and weaknesses and external opportunities and threats (SWOT) was conducted using a combination of key informant interviews and focus groups.

“Having the ability to integrate clinical, epidemiologic, and laboratory data of public health importance from multiple sources and rapidly share these data across state and local public health agents has greatly accelerated our response to priority infections and enabled us to rapidly evaluate our performance.”

*Alfred DeMaria, MD, State Epidemiologist
MA Department of Public Health*

Expert and Committed Leaders with New Strategic Focus: collaborative and knowledgeable professionals devoted to protecting and improving the health of the public and **eliminating health disparities**, including behavioral health. This expertise and responsiveness must continue to create public health innovations, a new focus on **data-informed performance management and quality improvement**, and **alignment of DPH initiatives** focused on achieving the DPH mission.



DPH has outstanding academic partners including Harvard, Tufts, Boston University, Boston College, UMass and Brandeis – which keep them on the cutting edge.”

*Charles Deutsch, Sc.D.
Harvard Catalyst, Harvard Medical School*

“DPH has important partnerships with many Community-based organizations and other government agencies such as the Center for Health Care Information and Analysis, the Department of Elementary and Secondary education, Public Safety and Housing and Community Development.”

*Jay Youmans,
Director of Government Affairs
MA Department of Public Health*

External partnerships and support at the local, state, and national levels enable us to successfully address public health threats that, in isolation, we could not. DPH must continue to **serve as a convener of diverse partners, conduct surveillance and evaluation, and provide expertise in evidence-based practices in prevention and intervention**. The Governor, Secretary of the Executive Office of Health and Human Services, the Massachusetts legislature, and advocates across the Commonwealth support our vital work.

Health Equity Focus: Although Massachusetts is one of the healthiest states in the nation, disparities persist. This is particularly true for certain populations. DPH is primed to **improve health equity by building on its significant achievements in improving overall health care access and quality, addressing the social determinants of health through the State Health Improvement Plan.**

“DPH leaders are forward-thinking, caring, thoughtful, innovative people.”

*Rebekah Gewirtz, CEO
MA Public Health Association*

“Around the country, MA DPH is recognized as an “incubator” of population health management strategies to support Health Reform. The Prevention and Wellness Trust Fund with its e-referral system is a groundbreaking mechanism to achieve THE TRIPLE AIM: Better health, better health care, and lower costs.”

*Madeleine Biondolillo, MD
Associate Commissioner
MA Department of Public Health*

Population Health Management and Prevention Expertise Informs Program Development and Regulation: Is demonstrated by **evidence-based public health practices** as well as **leadership and innovation in public health** efforts including **thoughtful application of regulatory oversight**. DPH leads Initiatives such as **Prescription Monitoring to reduce opiate abuse, Prevention Wellness Trust Fund for population health management, Health Planning** to ensure appropriate utilization of costly health resources, and ongoing analysis and development of guidance and regulations related to Behavioral Health Integration, Long Term Care for the elderly and disabled, and other services for underserved populations.



Challenges

DPH executes a broad scope of work and must be prepared to shift focus and resources to address natural disasters or infectious disease outbreaks. Our population is increasingly diverse, challenging us to engage the right partners, develop effective outreach and data collection strategies, and ensure the delivery of culturally competent interventions. Our most pressing infrastructure challenges involve:

Our ability to collect, analyze, and use data requires adaptations to support Health Reform including better use of current statistical techniques and surveillance resources which allow us to track health behaviors, risk factors, and health conditions. Outdated Information Technology no longer meets our needs for collecting, analyzing and sharing data which are critical to timely decision-making. In order to guide programs in setting performance targets for quality improvement, DPH must streamline the Institutional Review Board approval process and promote the use of data through the DPH Data Warehouse.

The state's public health laboratories are no longer adequate for meeting the demand for advanced technology now used to prevent infection in Massachusetts. Insufficient space and a physical plant in need of renovations, outdated Information Technology, and staffing issues (over 40% facing retirement within five years) are causing challenges in meeting our mission related to foodborne infections, communicable diseases, and bioterrorism.

"Massachusetts is uniquely positioned with highly qualified staff, top accredited labs, and a rich culture of health policy to continue to provide public health protection. However, significant threats face the Lab's future: a transitioning staff, and aging space built for a very different time that does not meet critical needs for public health and safety."

*Michael A. Pentella, PhD, D(ABMM)
Director, Bureau of Laboratory Sciences
MA Department of Public Health*

"One of the most important things DPH must do is enhance its ability to serve as a central repository for data and translate data for external stakeholders to set goals and track improvements."

*David Seltz Executive Director
Health Policy Commission*

"By optimizing the use of data and ensuring the skills of staff are updated to current public health requirements, DPH can deliver timely and meaningful reports to the public and the legislature."

*Thomas Land,
Director Office of Data Management
and Outcomes Assessment
MA Department of Public Health*



"Most people who are not in government have no idea public health exists unless there is a crisis. The Public does not get health messages on a regular basis. Very few citizens know the depth and breadth of their portfolio."

*Ann Hartstein, Secretary
MA Department of Elder Affairs*

"I think they are doing a lot of fantastic work that people don't know about."

*Marcia Fowler,
Commissioner
MA Department of Mental Health*

Our ability to communicate effectively within and outside of DPH requires modernization of our methods. Externally, the public, by and large, is unaware of what we do and how we protect their health and safety. One way to address this gap is to deliver timely reports on critical public health issues. Historically, DPH was a leader in health communications such as those that led to significant reductions in tobacco use. Currently, we will need to effectively use resources such as social media to deliver our messages. Internally, efforts must be made to breakdown silos within DPH. Effective communications between program planners and evaluators is crucial for performance management. This will allow staff to understand the breadth of work conducted within the Department and the opportunities for collaboration and maximizing resources to uphold our mission.

The public health workforce has been cut significantly in the past several years, particularly at the local level. Roughly 25% of the public health workforce may retire in the next 5-10 years and there are too few opportunities to train and mentor public health leaders. Our ability to ensure an adequate and skilled workforce to ensure public health is a major challenge. Local health infrastructure varies across the Commonwealth's 351 communities, with many struggling to meet their public health responsibilities. The losses in local public health capacity threaten our ability to enforce regulations and necessitate actions to maximize resources at the local level.

"With the significant cuts sustained by local public health, we should revisit the idea of regionalization. Having 351 communities trying to staff their public health functions isn't feasible."

*Michael Wong, MD
Public Health Council
MA Department of
Public Health*

"State and local public health are essential partners in the protection of the health of the Commonwealth's residents. The erosion of local health capacity, largely due to fiscal pressures, threatens the seamlessness of our public health response, and requires ongoing attention as a public policy concern."

*Kevin Cranston,
Director, Bureau of Infectious Disease
MA Department of Public Health*



Framework for Strategic Planning

Capitalizing on an organization's strengths, seeing the opportunities available to it, and meeting the challenges ahead of it require a framework within which to plan. The Massachusetts State Health Improvement Plan (SHIP) set forth goals in 8 Domains. This strategic plan has organized the 8 SHIP Domains into 3 areas of focus: Healthy Living, Healthy Environments, and Public Health Systems.

State Health Improvement Plan DOMAINS							
Active Living, Healthy Eating, Tobacco Free Living	Chronic Disease Prevention and Control	Substance Abuse Prevention, Intervention, Treatment, and Recovery	Infectious Disease Prevention and Control	Environmental Risk Factors and Health	Injury, Suicide, and Violence Prevention	Maternal, Child and Family Health Promotion	Health Systems Infrastructure



DPH STRATEGIC PLAN - DOMAINS		
HEALTHY LIVING	HEALTHY ENVIRONMENTS	PUBLIC HEALTH SYSTEMS
Active Living, Healthy Eating, Tobacco Free Living Chronic Disease Prevention and Control Substance Abuse Prevention, Intervention, Treatment, and Recovery Infectious Disease Prevention and Control	Environmental Risk Factors and Health Injury, Suicide, and Violence Prevention Maternal, Child and Family Health Promotion Infectious Disease Prevention and Control	Health Systems Infrastructure


DPH STRATEGIC PLAN - STANDARDS and MEASURES		
Improve prevention and management of chronic disease. <ul style="list-style-type: none"> Hypertension Asthma Obesity Reduce morbidity related to vaccine preventable infections. <ul style="list-style-type: none"> Immunization Prevent development of alcohol and substance use disorders. <ul style="list-style-type: none"> Youth alcohol use Screening and intervention for substance use Prescription Monitoring Reduce gender based and youth violence. <ul style="list-style-type: none"> Sexual and domestic violence 	Reduce morbidity related to foodborne infections. <ul style="list-style-type: none"> Local health inspections Salmonella and other infections Reduce Unintentional Injury. <ul style="list-style-type: none"> Opioid deaths Falls Youth Violence Leadpoisoning Improve maternal health and infant outcomes. <ul style="list-style-type: none"> Low birth weight Breastfeeding Dental screening Increased capacity to address environmental health issues. <ul style="list-style-type: none"> Poor housing conditions Climate change/adaptation Environmental tracking 	Assure health equity and health reform goal through robust systems and resources for monitoring, protecting, and promoting the health and well-being of the entire population. <ul style="list-style-type: none"> Public Health Data Warehouse development State Laboratory infrastructure Emergency Preparedness and Response Internal and external communications Public health workforce development Performance Management and Quality Improvement Regulatory enforcement capacity IRB Process Improvement

Standards and Measures

The Strategic Planning Framework was used in a half-day prioritizing and planning session that resulted in the identification of standards, measures and strategies to be included in the annual work plan/action plan. The Selection Criteria used for identifying standards, measures and strategies included:

- Aligns with DPH mission
- Promotes cross-bureau collaboration
- Provides DPH with a leadership role; Informs the new administration
- Provides opportunity to maximize/leverage resources

The following is a summary of the three Strategic Plan domains and their associated standards and measures.

An icon  has been used to highlight critical health equity areas. The numbering used in the strategic plan mirrors the corresponding numbering for standards and measures from the Massachusetts State Health Improvement Plan (SHIP).

Healthy Living

The CDC has designated a reduction in obesity and improvements in nutrition and physical activity as “Winnable Battles” in efforts to improve the health of Americans and reduce the prevalence and severity of chronic diseases. In addition to these winnable battles, it is important to reinforce healthy choices and early interventions when it comes to chronic disease management, inadequate vaccine coverage, youth violence and substance use and abuse.



Standard 1C: Support all MA residents in leading tobacco-free lives.

Measure 1.6: Reduce the relative percentage of adults who report exposure to second hand smoke of more than one hour per week by 10%.

- 1.6.5 Increase the number of public and private smoke-free multi-unit housing properties.

Standard 2B: Improve prevention, management and control of chronic disease and associated risk factors.

Measure 2.3: Increase the percentage of adults with hypertension who have their hypertension under control by 2.5%.



- 2.3.8 Promote policies and best practices to strengthen linkages among clinical settings and community programs and resources to help reduce hypertension (e.g., e-referrals and community health workers).
- 2.3.13 Ensure utilization of bi-directional e-Referral in Preventive and Wellness Trust Fund (PWTF) communities.


Measure 2.5: Reduce the at-risk rate of pediatric asthma hospitalizations by 1.5% and the disparity among Black Non-Hispanics by an additional 1%.

- 2.5.5 Implement evidence-based, comprehensive, culturally adaptable programs that include patient self-management, environmental assessment, and remediation (home, school, and workplace).

Measure 2.6: Decrease relative percentage of obesity among Massachusetts adults and youth by 5%.

- 2.6.5 Work with communities, businesses, and local/state agencies to expand active living options (e.g., school site planning, improved transit, bike lanes, bike paths, pedestrian paths, and sidewalks).
- 2.6.8 Work with stakeholders to fully implement local Complete Streets Policies

Standard 3A: Reduce morbidity related to vaccine preventable infections.

Measure 3.1:  Reduce the incidence of selected vaccine preventable diseases/increase immunization rates for selected vaccine preventable diseases.

- 3.1.1 Use new and existing data systems to measure vaccine coverage among populations to examine disparities and target vaccine strategies; ensure access for local health departments.
- 3.1.2 Provide public education on the safety and benefits of vaccines.
- 3.1.6 Increase roll-out and routine use of the Massachusetts Immunization Information System (MIIS) to over 1,000 health care provider sites and inclusion of over 3,000,000 patient records.
- 3.1.7 Promote compliance with CDC guidelines for influenza prevention programs in healthcare facilities, which include vaccination.



Standard 4A: Prevent the development of alcohol and substance use disorders.


Measure 4.1: Reduce the relative percentage of youth who report having tried alcohol for the first time before age 13 by 5%.

- 4.1.3 Increase social media and traditional media outreach through statewide public awareness and- parent-oriented campaigns that are built on evidence-based prevention that are culturally and linguistically adapted.
- 4.1.6 Ensure that DPH/BSAS funded substance abuse prevention coalitions include community partners representing populations disproportionately impacted by substance abuse to prevent/reduce underage drinking.

Measure 4.2: Increase the annual number of healthcare providers trained by DPH/BSAS to incorporate screening and intervention for unhealthy substance use by 5%.

- 4.2.1 Consult with and coach practices to incorporate Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols into health care setting and practices, including primary care, hospitals, and school-based health practices in all middle and high schools.

Standard 5D: Reduce gender based and youth violence.

Measure 5.8:  Reduce fatal violence among youth age 15-24 with particular focus on disparate populations.

- 5.8.4 Support positive youth development programming in schools and the community to reduce violence and promote healthy relationships for middle and high school-aged youth.

Healthy Environments

Preventing key environmental factors that contribute to poor health can have a significant impact on improving overall health outcomes in the Commonwealth.

Systems Strategy 1.6: Cross-Cutting for Healthy Environments - Publicize access to culturally and linguistically appropriate services as they become available through phased implementation of system development.

Standard 3G: Reduce morbidity related to foodborne infections.

Measure 3.7: Limit the yearly increase in reported campylobacter cases to less than 1% and maintain reported cases of salmonella at fewer than 1,200 per year.

- 3.7.1: Maintain the activities of the Working Group on Foodborne Illness Control which includes epidemiologists, laboratorians and environmental specialists.
- 3.7.2: Increase public awareness of foodborne illness infection by providing current information on the MDPH website on all foodborne illnesses.
- 3.7.3: Update and distribute educational materials regarding hand washing and the appropriate handling of high risk foods.

Measure 7.5: Reduce the number of foodborne illness outbreaks by increasing the number of mandatory local health inspections to retail food establishments.

- 7.5.3: Work with local health officials and industry to ensure appropriate training of food service employees.
- 7.5.17: Work with local health officials statewide to enhance training opportunities for food inspectors.
- NEW: Advocate for increase in absolute number of food inspectors.

Standard 5A: Reduce Unintentional Injury

Measure 5.2: Prevent an increase in the rate of unintentional fall deaths among residents ages 65+ years.

- 5.2.5 Promote implementation of evidence-based, multi-faceted, culturally appropriate programs for community-dwelling older adults that integrate falls risk reduction strategies (physical activity; exercise; balance training; medication review and management; vision, hearing and foot care) and home/environment modification.



Measure 5.8: Reduce fatal violence among youth age 15-24 with particular focus on disparate populations.

- 5.8.1 Promote peer education models to develop skills for preventing violence at home, at work and in the community.
- 5.8.6 Promote violence prevention strategies that address disparities based on race, economic status, sexual orientation, gender or gender identity.

- 5.8.8 Amend existing hospital regulations to require universal education and suicidality and violence screening.
- 5.8.10 Partner with EOHHS Safe and Successful Youth Initiative to provide wrap-around services for high impact youth who are at proven risk for firearm or edge/sharp weapon violence.
- 5.8.12 Promote trauma-informed service provision among providers working in the youth violence prevention field in MA.

Measure 7.1: Increase blood level screening rates in high-risk communities (as defined by low socioeconomic status, percent of old housing stock, and other factors) by 10% (relative).

- 7.1.1 Use existing coalitions and collaborations to develop programs to target all children under six years of age. Use blood lead poisoning surveillance data to identify the highest risk populations in urban areas, such as minority populations in larger cities, in schools, and in out-of-school time programs to promote environmental justice.
- 7.1.2 Reach out to Head Start program and others using CDC guidance on reference values to convey renewed interest in education and screening.
- 7.1.3 Explore partnerships (e.g., Healthy Homes, Fair Housing, Get the Lead Out) to expand the number of properties inspected and revise the protocols to include integration of lead and asthma.
- 7.1.6 Work with clinicians or other health care providers to improve screening and education about lead hazards to children, notably in high risk communities.
- Systems Strategy 1.5: Promote the use of mathematical modeling techniques to increase the speed that data is released to stakeholders and the public.
- Systems Strategy 3.6: Coordinate training and technical assistance, including integrated web-based and data services, to support municipalities, community health coalitions, professional provider associations, community health workers, and other partnerships involving the state health department.

Standard 6B: Improve maternal health and infant outcomes.

Measure 6.2: Reduce the relative percentage of infants with low birth weight births by 5% and premature births by 5%.

- 6.2.1 Prepare and disseminate Birth Data Packets and other reports.
- 6.2.2 Participate in national Infant Mortality Collaborative for Improvement and Innovation Network (CollIN) and take a lead in Massachusetts to assess infant mortality and to inform the development of effective infant mortality reduction strategies.

Measure 6.3: Increase the proportion of infants who are breastfed.

- 6.3.1 Establish data sources and baseline data to measure exclusive breastfeeding at discharge and other metrics.
- 6.3.5 Collaborate with Massachusetts Breastfeeding Coalition (MBC) to enhance collaboration with Massachusetts Birth Hospitals to support hospital policies that promote breastfeeding.



Measure 6.4: Increase the proportion of pregnant women who receive teeth cleaning before and during pregnancy by 5%.

6.4.2 Review claims data for evidence of non-utilizers of oral health prevention services.

6.4.3 Provide SEAL programs in schools and meet nurse leaders to promote program regarding dental carries and prevention.

Standard 7D: Increase the capacity of local and state health officials to address environmental health issues through enhanced training.

Measure 7.4: Reduce the number of avoidable complaints of poor housing conditions by increasing the number of local inspectors trained by 10%.

7.4.2 Expand training opportunities to increase the number of local public health officials who can conduct inspections.

7.4.7 Revise housing regulations to provide clear and uniform direction to local housing inspections.



Photo by northshorereviews.com

Measure 7.6: Enhance local and state capacity for climate change/adaptation by increasing the number of local health officials trained by 10% annually.

7.6.1 Promote use of health surveillance data (e.g., through Environmental Public Health Tracking portal) to identify smaller geographic areas within communities especially vulnerable to climate effects.

7.6.9 Provide training of local health officials and other municipal officials on adaptation strategies for their community.

Measure 7.7: Enhance local capacity to respond to environmental health inquiries by use of the Environmental Public Health Tracking (EPHT) network by 10%.

7.6.1 Promote use of health surveillance data (e.g., through Environmental Public Health Tracking portal) to identify smaller geographic areas within communities especially vulnerable to climate effects.

Public Health Systems

In order to provide the necessary information to guide programs in setting performance targets and to assist them as they engage in a quality improvement process, DPH must streamline the internal approval process, ensure that programmatic staff and evaluators work together at all stages of work, upgrade the skills of epidemiologists and evaluators, and promote the use of data through the DPH Data Warehouse. By optimizing the use of data and upgrading the skills of staff, DPH can deliver timely and meaningful reports to the public and the legislature. This will ensure that important decisions about individual and public health can be based on the best possible information.

Systems Standard: Assure health equity and health reform goal attainment through robust systems and resources for monitoring, protecting, and promoting the health and well-being of the entire Massachusetts population.

NEW Measure: By June 30, 2017, provide training programs so that at least 75% of DPH epidemiologists and evaluators will be trained on statistical modeling techniques.

NEW Measure: By June 30 2017, reduce median time until final approval or rejection of IRB/24A applications to 30 days.

Systems Measure 4: Establish six regional health and medical coordinating coalitions that will support and enhance the ability of the Commonwealth to prepare for, respond to, recover from, and mitigate the impact of public health and medical threats, emergencies and disasters, including acts of terrorism.



- S.4.3 Support the development of capabilities-based local, regional, and state all-hazards plans that address potential hazards, vulnerabilities, and risks to public health, medical, and mental/behavioral health services and systems identified through jurisdictional risk assessments.
- S.4.4 Ensure that local, regional, and state plans prioritize and address the rebuilding of public health, medical, and mental/behavioral health services and systems following a disaster to at least a level of functioning comparable to pre-disaster levels, and to improved levels where possible.

Systems Measure 5: Develop a Public Health Workforce Development Plan (e.g., PM/QI including regulatory oversight) to increase public health workforce capacity for Massachusetts, including quantity, quality, and diversity of workforce, by December 2015.

- S.5.1 Develop collaborations among Schools of Public Health, MDPH, health researchers, local health departments, and community based public health and health care organizations to promote public health as an occupation and to provide trainings and other resources that support and

- develop public health employees, with an emphasis on the core competencies for public health.
- S.5.4 Strengthen training and workforce development opportunities for local public health employees.

Systems Measure 6: Increase Massachusetts' public health licensing and regulatory enforcement capacity (e.g., Health Planning, Determination of Need (DoN)) by December 2015.

- S.6.1 Assure adequate resources to support state regulatory enforcement operations.
- S.6.2 Document and disseminate policies, procedures, algorithms, and communication protocols for notifying appropriate parties when corrective action is taken against a licensed or certified public health professional.
- S.6.3 Develop and disseminate policies and procedures for identifying reliably when corrective/enforcement action should be taken regarding a certified or licensed health care facility.

NEW Measure: Improve State Laboratory Infrastructure to ensure capacity to effectively coordinate and respond to a public health emergency/crisis.

New Strategy: Build capacity to effectively coordinate and respond to a public health emergency such as Ebola.

Note: Strategies for new measures identified during the strategic planning process are under development.

Annual Action Plan/Work Plan

The detailed action plans/work plans for the Healthy Living and Healthy Environments Domains may be found in [a separate document].

Appendix A: Strategic Planning Process

Identification of Health Needs

In 2010 DPH published, *The Health of Massachusetts*, a comprehensive assessment of the health of the Commonwealth. This report compiled data from over fifty sources to describe the state's health status and areas of health improvement, as well as the factors that contribute to the health challenges. Many of the data sources were updated as part of the development of the State Health Improvement Plan, including key informant interviews with Tribal experts.

Creation of the State Health Improvement Plan (SHIP)

The findings from the health assessment were used to set priorities for health improvement. The *State Health Improvement Plan* aligns the activities of the health department and our partners with our health improvement domains, standards, and measures. The SHIP reflects a commitment of partners and stakeholders to collaborate in addressing shared issues in a systematic and accountable way.

Creation of the Strategic Plan

The Strategic Plan describes how the Department will achieve health improvement standards and measures and implement key strategies identified in the SHIP. Developing the strategic plan included affirming the vision and guiding principles presented in the SHIP; affirming the Department's mission; and gathering data on the Department's current and future capacity. An analysis of strengths and weaknesses and external opportunities and threats (SWOT) was conducted using a combination of key informant interviews and focus groups. The data gathering process included 3 focus groups with Department Senior Leaders, Bureau Directors, and Program Managers, 6 internal interviews with Department leadership, and 7 external interviews with key partners in other state agencies (DMH, DEA, DESE) and public health/health organizations (Health Policy Commission, MA Health Council, MPHA, Public Health Council). Themes from the focus groups and interviews were summarized and used by Department Senior Leadership and Bureau Directors as the basis for identifying strategic priorities for the Strategic Plan in alignment with SHIP priorities and measures.

A framework that was developed to map SHIP Domains to the Priority Domains of this plan was used in a half-day prioritizing and planning session that resulted in the identification of standards, measures and strategies to be included in the annual work plan/action plan. The Selection Criteria used for identifying standards, measures and strategies included:

- Aligns with DPH mission
- Promotes cross-bureau collaboration
- Provides DPH with a leadership role; Informs the new administration
- Provides opportunity to maximize/leverage resources

Appendix B: Participants

Key Informant Interviews

External:

Mike Wong, Public Health Council
Susan Servais, MA Health Council
David Seltz, MA Health Policy Commission
Rebekah, Gewirtz, MA Public Health Association
Commissioner Marcia Fowler, MA Dept of Mental Health
Kate Millett, MA Dept of Elementary and Secondary Education
Secretary Ann Hartstein, MA Dept of Elder Affairs

Internal:

Cheryl Bartlett, RN, Commissioner
Eileen Sullivan, Chief of Staff
Jay Youmans, Legislative Director
Thomas Land, Office of Data Management and Outcome Assessment
Thomas O'Brien, Office of General Counsel
Madeleine Biondolillo, Associate Commissioner

Focus Group Participants

Three internal focus groups were held with Department Senior Leaders, Bureau Directors, and Program Managers. A total of 28 people participated; these same people also participated in the planning sessions.

Planning Session Participants

Senior Team

Cheryl Bartlett, Commissioner
Eileen Sullivan, Chief of Staff
Madeleine Biondolillo, Associate Commissioner
Tom O'Brien, General Counsel
David Kibbe, Director of Communications
Jay Youmans, Legislative Director
Ed Dyke, Development Director
Hillary Jacobs, Senior Policy Advisor

Bureau and Office Directors

Carlene Pavlos, Bureau of Community Health and Prevention
Deborah Allwes, Bureau of Health Care Safety & Quality
Georgia Simpson May, Office of Health Equity
Kevin Cranston, Bureau of Infectious Disease
Lydie.Ultimo, Bureau of Substance Abuse Services
Mary Clark, Office of Preparedness and Emergency Management
Mike Pentella, Bureau of Laboratory Services
Ron Benham, Bureau of Family Health and Nutrition
Sandra Akers, Bureau of Hospital Services
Suzanne Condon, Associate Commissioner, Director Environmental Health
Tom Land, Office of Data Management

Program Directors/Line Staff

Kathy Messenger, Family Health and Nutrition
Jana Ferguson, Office of Local and Regional Health
Lea Susan Ojamma, Community Health and Prevention
Carol Cormier, Human Resources
Tish Davis, Data Management
Hermik Babakhanlou-Chase, Substance Abuse Services
Jan Sullivan, Environmental Health
Leonard Lee, Community Health and Prevention
Jennifer Cochran, Infectious Disease

Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strategic, collaborative and flexible leadership • Staff expertise/competencies • Committed staff with diverse Expert & committed staff with diverse training/experience • “Team” spirit at all levels of the organization • Strong external partnerships (health care, CBOs, state agencies, LPH) who see DPH as responsive, positive and proactive • Other states see DPH as forward thinking, innovative and cutting edge • Track record of successes & a public health leader (tobacco, violence, teen pregnancy, HIV/AIDS) • DPH has the expertise in prevention & population health to be a leader in health reform • Organization* • Data* • Communications* • Fundamentally a science-based/evidence-based organization • Innovative <p><i>* Also identified as weaknesses (most of the strengths above could also be classified as weaknesses).</i></p>	<ul style="list-style-type: none"> • Staffing and resources vs. workload • Hiring/managing staff • Labor Relations creates challenges: hiring/firing, changing job descriptions of existing staff, bumping of staff into openings • Unqualified staff receive recommendations from managers to bump them into other positions • Workforce issues • Organization* • Data,* IT and IRB • Communications* • Recreation of the wheel • Not always clear who the decision-maker is • Although DPH mission typically prevents a biased response, self-preservation also impact our responses • Lack of depth in management structure • DPH's message is too complicated (must simplify) • Public and many staff do not understand the breadth of what DPH does and its role <p><i>*Also identified as strengths</i></p>
Opportunities	Threats
<ul style="list-style-type: none"> • DPH has the expertise in prevention & population health to be a leader in health reform • Health reform: focus on health care quality and access and health equity • Move toward universal health insurance • Progressive political climate • Progress on/support for substance abuse work • Understanding of social determinants of health • Understanding of intersection of health and behavioral health • Growing focus on performance management • Prevention and Wellness Trust Fund • State agencies and other partners willing to collaborate • Strong academic partnerships • Support from EOHHS Secretary, legislature and advocates • Data informs the work • Can be the unbiased adult in the room • Neutral convener • Converting DPH mission into improvement for health • Embed QI/PM into the work to advance DPH's mission • Ask how current/future work is advancing DPH's mission (mission-centered work) • Education should be added to the mission • Must adopt to environment under new administrations • Publishing evaluation of DPH's work (reports, publications) • Re-organize DPH's Data so that the Commissioner can evaluate DPH's role • DPH's core business lines should be based on mission and resources 	<ul style="list-style-type: none"> • New administration with potential new priorities • Dependence on state budget process to rebuild from cuts • Changing priorities at CDC • Federal and state laws/unfunded mandates • Growing need for data make our case for support • New infectious disease outbreaks • Diminished capacity of local public health • Schools cutting health services and physical education • Public health graduates not educated on health reform • Public is confused about DPH's role • Media is focused on failures • Some (other state agencies, public, legislature) see DPH as well-resourced, making it vulnerable to cuts • Potential cleavages within/across DPH rather than team spirit • Brutal media market/need different posture than duck and cover • Universal health care - it will be harder to measure some things

<ul style="list-style-type: none"> • Universal health care • Marketing plan for communicating with stakeholder segments 	
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